



Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

### MD and DO Inactive Status to Active Status Renewal Form

Your license expires soon. You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov). To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of \$200 to the office address shown in the above right corner. **If this form is postmarked after October 31, 2013 you must include a \$50 late fee.** Checks should be made payable to: Indiana Professional Licensing Agency. If you answer 'Yes' to any question below send a detailed statement regarding the response by email to [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Expiration Date 10/31/2013	Renewal Fee \$200.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

#### QUESTIONS

1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

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#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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